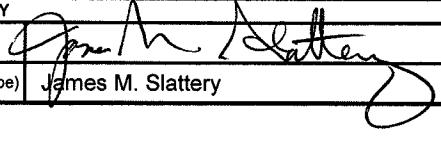


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known	
		Application Number	10/562,639-Conf. #8755
		Filing Date	May 16, 2006
		First Named Inventor	Peter TUNGUY-DESMARAIS
		Examiner Name	L. E. Karpinski
		Art Unit	1616
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	
TOTAL AMOUNT OF PAYMENT		(\$ 1,160.00)	
		5288-0102PUS1	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
	Utility	330	165	540	270	220	110	_____
	Design	220	110	100	50	140	70	_____
	Plant	220	110	330	165	170	85	_____
	Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues) Small Entity Fee (\$) Fee (\$) 52 26								
Each independent claim over 3 (including Reissues) 220 110								
Multiple dependent claims 390 195								
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
_____ - or HP = _____		_____ x _____	= _____	_____	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____	
_____ - or HP = _____		_____ x _____	= _____	_____	_____	_____	_____	
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____		/50 = _____	(round up to a whole number) x _____		= _____	_____		
4. OTHER FEE(S)								
<u>Enclosed is for the 3rd month only. 1st and 2nd month extension fees were paid June 17, 2009.</u>								
Other (e.g., late filing surcharge): 1401 Notice of appeal 540.00 1253 Extension for response within third month 620.00								
SUBMITTED BY								
Signature				Registration No. (Attorney/Agent)	28,380	Telephone	(703) 205-8015	
Name (Print/Type)		James M. Slattery		Date		July 24, 2009		